

Unharm submission: draft NSW Alcohol and Other Drugs Strategy 2026-2036

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Unharm welcomes the draft NSW Alcohol and Other Drugs Strategy 2026-2036, and the opportunity to comment on it. The draft Strategy's commitment to treat drug use as a health and social issue gives NSW a strong foundation for the next ten years.

Part 1: The aim and approach of the Strategy

1. Make safe, healthy and resilient communities the aim

The draft Strategy's stated aim is harm minimisation, defined as 'minimise the total health, social and economic harms associated with alcohol and other drug use'. The National Drug Strategy sets a broader aim: 'to build safe, healthy and resilient Australian communities'.¹ In the National Drug Strategy, harm minimisation is an approach to achieving the aim, not an aim in itself. The draft NSW Strategy's vision commits to 'safer, healthier communities across New South Wales', but its aim leaves them out.

Restoring the full aim keeps harm minimisation as the foundation and aligns the Strategy with the national framework. It also gives every activity a clear test: does it make communities across NSW safer and healthier?

The Strategy's aim should be to build safe and healthy communities across NSW, with harm minimisation as the approach to achieving it. The monitoring and evaluation framework should assess every activity against that aim.

2. Apply the core concepts to every pillar

Unharm endorses the core concepts and urges the Government to keep them in the final Strategy. The draft says the concepts are 'embedded throughout the Strategy'. Yet the Reduce supply pillar, including policing, mentions none of them. Equity matters as much in, for example, who police divert as in who services reach (see point 7 of this submission).

The Strategy should state that the core concepts apply to all three pillars and every agency. The 'Reduce supply' section should set out how they apply to policing, including a commitment to monitor equity in drug law enforcement for priority populations.

¹ Department of Health, 2017, *National Drug Strategy 2017-2026*.

3. Evaluate law enforcement

Law enforcement absorbs 64 per cent of government spending on illicit drugs in Australia, against 1.6 per cent for harm reduction.² Nearly fifty years after a Senate committee called for evaluation of drug law enforcement,³ no one has published an evaluation of Australian supply reduction as a whole. Systematic reviews link intensive drug policing to rushed injecting, shared equipment and avoidance of health services.⁴ Evaluation under the Strategy should measure the effects of policing on health and safety.

The monitoring and evaluation framework should assess drug law enforcement, including its health and safety effects, against the Strategy's aim.

4. Remove two unsupported statements

The executive summary makes a commitment to 'maintain a strong law-enforcement focus on drug misuse.' The body of the draft contains no matching commitment. The same summary promises 'targeted enforcement against serious supply,' and the Drug Summit recommended enforcement 'targeting suppliers.'⁵ A law-enforcement focus on 'drug misuse' contradicts the Strategy's commitment to targeting supply, and to treating drug use as a health and social issue.

Section 2.2 of the draft states that 'disrupting supply networks enhances community safety, reduces exposure for priority populations, and supports prevention objectives.' The draft cites no evidence, and the evidence points the other way. Authorities seized more of several major drugs in 2023-24 than Australians consumed.⁶ Consumption still rose 21 per cent to a record in the year to August 2025.⁷ International surveillance data show drug prices falling and purity rising as enforcement spending grew.⁸ A recent systematic review for the UK Home Office found that 'more studies demonstrated an association between drug-related law enforcement activities and increased violence than decreased violence.'⁹

² Ritter A et al, 2024, *The Australian 'drug budget': Government drug policy expenditure 2021/22*, Drug Policy Modelling Program Monograph No 36, UNSW Sydney.

³ Senate Standing Committee on Social Welfare, 1977, *Drug problems in Australia: an intoxicated society?*, Australian Government Publishing Service, Canberra.

⁴ Baker P et al, 2020, 'Policing practices and risk of HIV infection among people who inject drugs', *Epidemiologic Reviews* 42(1): 27-40; DeBeck K et al, 2017, 'HIV and the criminalisation of drug use among people who inject drugs: a systematic review', *The Lancet HIV* 4(8): e357-e374.

⁵ Tebbutt C and Brogden J, 2025, *2024 NSW Drug Summit report*, NSW Government, recommendation 12.9.

⁶ Australian Border Force and Australian Federal Police seizure data, 2023-24.

⁷ Australian Criminal Intelligence Commission, 2026, *National Wastewater Drug Monitoring Program: Report 25*.

⁸ Werb D et al, 2013, 'The temporal relationship between drug supply indicators: an audit of international government surveillance systems', *BMJ Open* 3(9).

⁹ RAND Europe, 2025, *The impact of drug-related law enforcement activity on serious violence and homicide: A systematic review*, UK Home Office.

The Strategy should delete the commitment to 'a strong law-enforcement focus on drug misuse', and replace the claim in section 2.2 with a commitment to evaluate whether supply disruption improves community safety and health.

Part 2: Programs

5. Community-based drug checking

We welcome the Government's decision to make festival drug checking permanent. But festival services run at no more than 15 events a year, with high ticket prices. Most drug use and most overdose deaths happen far from festivals. Over a million people in NSW aged 14 and over used an illicit drug in the past year.¹⁰ In 2024, 72 per cent of fatal overdoses in Australia occurred at home.¹¹

Between 70 and 97 per cent of drug checking clients have never spoken to another health service about their drug use.¹² Community-based services would reach these people all year round, and feed continuous data into early warning systems.

The ACT and Victoria already fund community drug checking. NSW could do the same under its existing licensing scheme, without new legislation. Several models could suit NSW: fixed sites; mobile services that travel to overdose clusters; or low-cost satellite services in needle and syringe program sites or other health services, linked to an analytical hub such as NSW Health Pathology's Forensic and Analytical Science Service.

The Strategy should commit to year-round, community-based drug checking alongside festival services, and choose the delivery model through its implementation work plans.

6. Supervised injecting as a multi-site program

Since 2001, the Medically Supervised Injecting Centre in Kings Cross has supervised more than 1.36 million injections and managed more than 12,300 overdoses without a single death. It has made more than 27,700 referrals to treatment and support.¹³

¹⁰ Unharm estimate based on reported prevalence in Australian Institute of Health and Welfare, 2024, *National Drug Strategy Household Survey 2022-2023*, AIHW.

¹¹ Chrzanowska A et al, 2026, *Trends in overdose and other drug-induced deaths in Australia, 2005-2024*, National Drug and Alcohol Research Centre, UNSW.

¹² Savic M, Brien R and Manning V, 2024, *Latest evidence on the impacts of drug checking: A rapid review*, Turning Point and Monash University.

¹³ Uniting, 'Uniting Medically Supervised Injecting Centre,' webpage accessed 15 October 2026, accessible at <https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre-msic>

But one site in inner Sydney cannot serve the 26,000 to 46,000 people who inject drugs across NSW.¹⁴ The Drug Summit recommended removing the legislative restriction that limits supervised injecting to one site, with community consultation on any new site (recommendation 11.3).¹⁵

The Strategy should commit to supervised injecting as a multi-site program, consistent with Drug Summit recommendation 11.3.

7. Reform the Early Drug Diversion Initiative

We support the draft's commitment to reform the Early Drug Diversion Initiative (EDDI).

Section 1.4 of the draft describes diversion as a way of 'addressing the underlying causes for behaviour that lead people to come in contact with the justice system.' Diversion also protects people from the harms of the justice system itself. Australian research found that a minor cannabis conviction, compared with an infringement notice, damaged employment, housing and relationships without deterring later use.¹⁶ The draft already recognises this harm in its plan to shorten how long minor drug offences stay on a criminal record (section 3.7.1 of the draft).

EDDI is not yet doing this job. In EDDI's first 14 months, police diverted only 22 per cent of eligible people, and just 9 per cent of eligible Aboriginal people against 25 per cent of non-Aboriginal people.¹⁷ The Strategy's commitment to equity should close that gap.

The draft commits to reform EDDI 'to increase the use of the scheme', but does not say how. Drug Summit recommendation 12.1 recommended making diversion the default for personal use quantities, extending eligibility for people now excluded for possessing more than one drug or for their criminal history, and establishing a clear monitoring and evaluation framework. Exclusions for concurrent offences and prior diversions also limit the scheme's reach.

The Strategy should keep its commitment to EDDI reform and recognise that diversion reduces the harms of justice contact. It should adopt Drug Summit recommendation 12.1, including diversion by default for personal use quantities, and extend eligibility to people excluded for concurrent offences or prior diversions.

Unharm would welcome the opportunity to discuss these recommendations.

¹⁴ Uniting, 'Uniting Medically Supervised Injecting Centre,' webpage accessed 15 October 2026, accessible at <https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre-msic>

¹⁵ Tebbutt C and Brogden J, 2025, *2024 NSW Drug Summit report*, NSW Government.

¹⁶ Lenton S et al, 2000, 'Infringement versus conviction: the social impact of a minor cannabis offence in South Australia and Western Australia', *Drug and Alcohol Review* 19(3): 257-264.

¹⁷ NSW Bureau of Crime Statistics and Research, 2026, *Who is being diverted from court under the NSW Early Drug Diversion Initiative?*, Crime and Justice Bulletin No 272.